

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9863

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1297

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Louis Rosenfield, 251

8. (b) If veteran, name war Unknown, 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Meyer Rosenfield 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 7 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 15 hr. min.

9. Birthplace Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation Connoisseur and Importer of Violins

11. Industry or business

12. Name Hirsh Rosenfield
13. Birthplace Lithuania
(City, town, or county) (State or foreign country)

14. Maiden name Lithuania
15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Rosenfield

(b) Address 103 Ward Parkway, K. C., Mo.

17. (a) Burial (b) Date thereof 3-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gildham Plaza, K.C., Mo.

19. (a) Mch 24, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 103 Ward Parkway
(If rural, give location)
(e) If foreign born, how long in U. S. A. in U.S. about 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1940 hour minute A M.

21. I hereby certify that I attended the deceased from March 21, 1940 to March 22, 1940
that I last saw him alive on March 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration

Due to 820
Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? (Specify type of place) (b) Means of injury —
23. Signature J. M. Thompson (M. D. or other) —
Address 824 Pratt Bldg Date signed 3-23-40

Dr. J. M. Frankfurter.

1-16-44 Rialto Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Lawrence J. ...
working under my personal supervision.

Registered Apprentice No. *222*

Signed *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *N. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.